VACANCY NOTICE

FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

| osition | TITLE OF POSITION: Traffic Safety Resource Prosecutor | CLASSIFICATION CODE: | |
|----------------------------------|---|---|--------------------------------------|
| | SALARY RANGE: \$37,500 | REFERENCE POSITION NO.: | |
| | Department or Agency Name Attorney General | APPLICATION PERIOD: 7/5/05 - 7/18/05 | |
| Γ Ρ | Division/Section/Unit | *No 3 day grace period* | |
| Description of Position | Assignment(s) / Comments | | |
| | Shift and Days: Part-Time | Job Location: 150 South Ma | in Street, Providence |
| | Restrictions/Limitations: | W | N. V |
| | Position Covered By Collective Bargaining Union Agreement | Yes | No <u>X</u> |
| De | Name of Bargaining Unit Union: | San AID av Dath | ior Crosific Instructions |
| | There is is not _X a Civil Service List for this position See A/B or Both for Specific Instructions NOTE: If there is a list, only candidates who have taken the exam and are reachable should apply. | | or Specific Instructions |
| | INSTRUCTIONS: | | |
| | A. STATE EMPLOYEE LATERAL BIDDER: Bids are now being | accepted for the position(s) indicated. If you are | currently in this classification and |
| | wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either on the application or within | | |
| General Information to Candidate | a cover letter, both the File Position Title and Number. | | |
| | Most Important - Please include the following information: | | |
| | · · · · · · · · · · · · · · · · · · · | Name of department where you are currently employed | |
| | The title of the position for which you are applying | Name of department where you are currently employed | |
| | Title of your present position and date you entered it | Your business telephone number | |
| ၁ | Date you entered State service | Present Union Affiliations | |
| ر د | *** In certain agencies, bargaining union applicants will receive preferential consideration according to contract. | | |
| matio | B. NON INCUMBENT/NON STATE EMPLOYEE APPLICANT: | | |
| | If indicated above that <u>no civil service</u> list exists for this position, you need | I not be in the class of position, or be in State ser | vice to apply. All information |
| jo. | requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If | | |
| Ξ | an item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on the application form, you may delay consideration of your application. | | |
| ral | C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS: | | |
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| Ge | • Reasonable Accommodations: | | |
| | If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE ACCOMMODATION, then the individual shall not be considered unqualified for therefore the position. | | |
| | Medical Information: | | |
| | Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations | | |
| | of the Americans with Disabilities Act (ADA). | mai choi oi chipioyment hac been made in accer | dance with the realest regulations |
| | DUTIES / RESPONSIBILITIES: | | |
| es | See Attached | | |
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| Statement of Duties | | | |
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| જ | EDUCATION / EXPERIENCE / SPECIAL REQUIREMENT | NTS: | |
| ion | See Attached. | | |
| Minimum Education Experience | | | |
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| Eri eri | *ONE YEAR INDEPENDENT CONTRACTOR POSITION* **NO EMPLOYEE OR WORKERS' COMPENSATION BENEFITS** | | |
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| Where to Apply | Apply within the application period as shown on this announcement. NOTE: Some State union contracts allow a 3 day grace period for receipt of CS-14 | | |
| | application or bid. This Office does not assume responsibility for applications sent through the mail. SEND RESUME or CS-14 Application to: | | |
| | | - | THEOD CIECAD |
| | | Telephone #: (401) 274-4400 | |
| | | Fax #: (401) 222-2731 | /_ /_ /_ /_ /_ /_ /_ /_ /_ /_ /_ /_ |
| | | TTY/TDD #: (401) 453-0410 | |
| | | (Telecommunication Device for the Deaf) | VE COPON |
| | Correspondence On | IV | |